

California Board of Pharmacy

CALIFORNIA PHARMACY JURISPRUDENCE EXAMINATION HANDBOOK



Effective April 1, 2006

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CONTENTS

General Guidelines and Information	1	Requesting Examination Accommodations	4
Introduction and Purpose of Handbook.....	1	Administration of the CPJE	5
Objectives of the California State		Composition and Test-Taking Strategies	5
Board of Pharmacy	1	Candidate Notice of Exam Completion	5
The Examination Process	1	Test Results.....	5
Thomson Prometric — Test Provider of the CPJE.....	1	California Pharmacist Jurisprudence	
Examination Registration	1	Examination (CPJE).....	6
Registration and Payment by Telephone	1	Occupational Analysis	6
Registration and Payment by Mail.....	2	Development of the CPJE	6
Scheduling the CPJE	2	Role of the Competency Committee	6
Appointments.....	2	Criterion-Referenced Cut Score for Passing	6
Rescheduling Your Appointment	2	Content Outline	7
Expiration of Examination Eligibility	2	Overview.....	7
Emergency Closure of Testing Centers	2	Detailed Content Outline	7
Taking the Examination	3	Sample CPJE Test	10
What to Bring to the Testing Center	3	Overview.....	10
What NOT to Bring to the Testing Center	3	Questions	10
Complaints Regarding Test Administration.....	3	Answers.....	21
Examination Security	4	California Testing Centers.....	22
Special Test Considerations	4	Examination Registration Form.....	25
Accessibility of Testing Centers	4	Notice of Eligibility	Back Cover
Examination Accommodations.....	4		

FOR MORE INFORMATION

All questions and comments about the testing process
should be directed to:

Thomson Prometric
1260 Energy Lane
St. Paul, MN 55108
800.894.9962
TDD User: 800.790.3926
www.experioronline.com

Questions about examination content
should be directed to:

California State Board of Pharmacy
1625 North Market Blvd., Suite N 219
Sacramento, CA 95834
916.574.7900
www.pharmacy.ca.gov

GENERAL GUIDELINES AND INFORMATION

Introduction and Purpose of Handbook

This handbook provides candidates with important information regarding the California Pharmacist Jurisprudence Examination (CPJE), one of two examinations required for licensure as a pharmacist in California [the other is the North American Pharmacist Licensure Examination (or NAPLEX), which is administered by the National Association of Boards of Pharmacy (NABP). For information on the NAPLEX, go to www.nabp.net.

The board strongly recommends that candidates thoroughly read and study from this handbook to prepare for the examination. This handbook describes in detail what to expect upon arrival at the examination site. It also provides recommendations for study, information on the format of the examination and a practice test. It provides information about how and when exam scores are released, and what to do after the results are received.

Objectives of the California State Board of Pharmacy

The California State Board of Pharmacy is a consumer protection agency. One way the board fulfills its consumer protection mandate is to assure that those licensed to practice pharmacy possess minimum competency. To this end, California law requires candidates to take the NAPLEX and a California-specific examination (California Business and Professions Code section 4200). You can obtain a copy of this code and other California pharmacy laws from the board's Web site. These examinations require candidates to demonstrate that they possess the minimum knowledge and abilities necessary to perform safely and effectively in independent pharmacy practice in the U.S. as well as in California.

Information about the NAPLEX must be obtained from the NABP (contact www.nabp.net), which prepares its own Registration Bulletin about the examination. The remainder of this handbook will focus on the California-specific examination, the CPJE.

THE EXAMINATION PROCESS

Thomson Prometric— Test Provider of the CPJE

The California State Board of Pharmacy has contracted with Thomson Prometric to administer the CPJE. The CPJE is administered at a computer, according to a pre-scheduled appointment.

Pharmacist candidates, who have been designated by the board as "eligible" to take the CPJE, may take the examination at any Prometric testing center across the United States. A complete list of testing centers is available online at www.experioronline.com. Maps and directions to the California testing centers begin on Page 22 of this handbook. The process for scheduling an examination is described below.

Questions about testing centers or scheduling an appointment to take the CPJE should be directed to:

Thomson Prometric
1260 Energy Lane
St. Paul, MN 55108
800.894.9962
TDD User: 800.790.3926

Examination Registration

This handbook is mailed only after you have been determined by the board as eligible to take the CPJE. You must register for the examination and pay the \$40 test administration fee to Thomson Prometric, then you can schedule an appointment to take your examination. You may register by using phone or mail; each method is described in the following sections.

If you require testing accommodations, please see *Special Test Considerations* on Page 4.

Before you schedule the CPJE exam, please make certain your name matches EXACTLY the name on the required identification cards (see What to Bring to the Testing Center on Page 3). The name appearing on both of these identification cards must match exactly, letter for letter, the name used to register you for the CPJE (the name on the back of this handbook), **INCLUDING** middle name versus use of an initial, and designations such as "Jr." or "III," etc.

REGISTRATION AND PAYMENT BY TELEPHONE

You may register, pay your administration fee and schedule an exam appointment in one phone call to Thomson Prometric at 800.894.9962. Please have your credit card information ready when you call.

REGISTRATION AND PAYMENT BY MAIL

You may mail your registration form (found on Page 25 of this handbook) and \$40 payment to Thomson Prometric. Such applications are processed within 10 days. If you register by mail, you may pay by including a MasterCard or Visa number, money order, business check or cashier's check.

PERSONAL CHECKS AND/OR CASH ARE NOT ACCEPTED, AND REGISTRATIONS RECEIVED VIA EXPRESS DELIVERY ARE NOT PROCESSED MORE QUICKLY THAN THOSE RECEIVED BY REGULAR DELIVERY METHODS.

Ten days after you mail your application to Thomson Prometric, you must call to schedule your examination appointment (see *Scheduling the CPJE* below for details).

Scheduling the CPJE

APPOINTMENTS

If you register to take the CPJE via mail, you will need to call Thomson Prometric after 10 days to schedule your appointment for an examination. You can call Thomson Prometric at 800.894.9962 between 5 a.m. and 6 p.m. Pacific Standard Time, Monday through Friday.

You may take the CPJE at any Prometric testing center in the United States. Appointments are available six days per week at most centers. The locations in California are printed at the back of this handbook. A complete list of all national test center locations can be obtained online at www.experioronline.com.

For time-planning purposes, it normally takes about 2.5 hours to sign in, complete the exam orientation and actually take the exam. You will have a maximum of two hours to take the examination. The orientation session immediately before you start the CPJE is intended to familiarize you with the computer's use. This orientation time (approximately 10 minutes) will not count as part of the two-hour period allocated for the CPJE. You should plan on arriving 15 minutes before your exam time to complete check in process.

You may wish to confirm the date and time of your scheduled test by calling Thomson Prometric several days before your examination.

There is no testing on the following holidays or weekends on which the holiday falls:

- Martin Luther King Jr. Day ▪ Labor Day
- Presidents' Day ▪ Thanksgiving Day and Friday after
- Memorial Day ▪ Christmas Day and day after
- Independence Day and day before ▪ New Year's Day

Note: Be advised that there may be additional state-observed holidays in the state where you schedule your exam appointment.

RESCHEDULING YOUR APPOINTMENT

Thomson Prometric will charge another \$40 scheduling fee if you fail to take the exam when scheduled, or cancel less than three days before the scheduled date.

To avoid a rescheduling fee, you must call Thomson Prometric at least **three full business days** before the day of your scheduled appointment. Refer to the chart below to determine the *last day* you may call without paying a \$40 rescheduling fee.

Note: The schedule below does not include holidays.

If your exam is on:	Call by 6 p.m. Pacific time the previous: (This is the last day you may call without paying a rescheduling fee.)
Monday	Tuesday
Tuesday	Wednesday
Wednesday	Thursday
Thursday	Friday
Friday	Monday

If you do not allow at least three full business days to reschedule your appointment, as described above, you will be required to pay a \$40 rescheduling fee before making another appointment. To pay this fee using Visa or MasterCard and reschedule your appointment, call Thomson Prometric. You may also pay the \$40 rescheduling fee by mailing a cashier's check, company check, money order, or Visa or MasterCard information to Thomson Prometric.

EXPIRATION OF EXAMINATION ELIGIBILITY

Your examination eligibility expires and your application is deemed abandoned if you fail to take the CPJE within one year after being deemed eligible by the board. This is the date on the eligibility letter the board sends to you.

When your eligibility expires, you will need to reapply to the board to be considered eligible to take the CPJE. To reapply, use the application for Pharmacist Licensure and Examination, which can be downloaded from the board's Web site.

EMERGENCY CLOSURE OF TESTING CENTERS

In the event of severe weather or an emergency, Thomson Prometric may need to cancel scheduled exams. Thomson Prometric will attempt to contact you by phone or e-mail; however, you may check for test site closures by calling Thomson Prometric. If the site is closed, your exam will be rescheduled without a rescheduling fee.

If a test center is open for testing and you choose not to appear for testing, you will be required to pay a \$40 rescheduling fee prior to choosing another appointment.

Taking the Examination

Your examination will be given at a computer station at a Prometric testing center.

You should arrive at least 15 minutes before your scheduled appointment to allow time for you to sign in, verify your identification and have Thomson Prometric take your photograph.

You will have a maximum of two hours to take the examination.

You do not need any computer experience or typing skills. Please be aware that the actual CPJE test directions are different than the CBT Demo that you can take online at the Thomson Prometric Web site. Specifically, during the CPJE, you will NOT be allowed to “backup” or “review” any items. If an item is skipped, you cannot return to it.

During the examination, should you experience any disruption or difficulty, it is your responsibility to notify a proctor immediately so that the situation may be resolved whenever possible. This includes power failures or other types of computer failure.

What to Bring to the Testing Center

You must bring specific forms of identification with you to be admitted into the test site. Your identification must include both of the following:

- a U.S. government-issued identification (driver’s license, state-issued identification card, military identification, passport) containing a recent photograph of you; AND
- your U.S. Social Security card.

The name appearing on both of these identification cards must match exactly, letter for letter, the name used to register you for the CPJE (the name on the back of this handbook), INCLUDING middle name versus use of an initial, and designations such as “Jr.” or “III,” etc.

If your identification cards do not match your name exactly as it appears on the notice of eligibility on the back of this handbook, you need to correct this before scheduling and taking the CPJE. Information on the board’s Web site provides additional guidance.

If you do not have appropriate identification with you when you arrive at the test center, you will not be admitted to take the examination, and Thomson Prometric will consider this a missed appointment. If this occurs, you will need to pay another \$40 to reschedule another examination.

If you have reported a name change to the board after your eligibility was transmitted to Thomson Prometric, make certain the name on your identification matches Thomson Prometric’s record.

Please allow five business days from when you sent the change of name to the board and call Thomson Prometric to confirm the change.

What NOT to Bring to the Testing Center

The test is only two hours in length. You may bring virtually nothing into the testing room at the test facility. This includes:

- Personal belongings such as purses, wallets, watches, stopwatches, clocks, backpacks, books, study notes, writing tools, cameras, tape recorders, pagers, palm pilots, calculators, cellular phones.
- Medications.
- Food, candy or drinks.
- Eyeglasses are permitted, but eyeglass cases are not.

If you do bring such items with you to the test site, Thomson Prometric will provide accordion folders for storage of your belongings in the reception area. If you need to take a break during the exam, you may access some types of secured belongings under the supervision of a test administrator. Only those items that are deemed appropriate for the purpose of the break may be removed from the accordion folder. Access to such items as wallets, backpacks, books, study notes, writing tools, cameras, tape recorders, pagers, palm pilots, cellular phones, watches, stopwatches, and clocks during breaks will be strictly prohibited. Thomson Prometric will not be responsible for items left in the reception area.

No guests, visitors or family members are allowed in the testing or reception areas.

Failure to follow these procedures may result in disqualification of your examination

Note: You will be provided with notepaper and a pencil at the test site so that you can take notes or make calculations needed for the examination. This paper will be picked up from you after the examination.

There are timing mechanisms available at the test site and on the computer to help you keep track of your time during the two hours of test administration.

Complaints Regarding Test Administration

Thomson Prometric’s goal is to provide a comfortable and professional testing experience for every examinee. If a disruption or problem occurs that you believe will substantially impact the outcome of your examination, you must document your concerns on the exit survey at the end of your examination.

The exit survey is also a means for you to provide constructive feedback regarding your examination experience and/or comments on examination content. These comments are shared with the board’s Competency Committee.

Examination Security

The board and Thomson Prometric are committed to maintaining the security and the confidentiality of all examination materials during every phase of development, implementation and storage. If you violate any security procedure, the board may, among other options: delay your results; void your examination score; cancel your intern pharmacist permit; deny your application as a pharmacist; and/or deny you admission to future examinations.

Thomson Prometric reserves the right to videotape any examination session.

As part of the board's application for the pharmacist licensure examination, you are required to sign a security agreement. When you sign this agreement, you are affirming that you fully understand that you are responsible for upholding examination security in accordance with California Business and Professions Code section 496. In accordance with the law, a violation of any of the rules listed below will result in your disqualification as a candidate and could result in an administrative action and/or denial of a pharmacist or intern pharmacist license by the board.

Candidates are not permitted to discuss the content of the examination nor remove any examination materials from the testing sites at any time. All examination materials are confidential. As a candidate taking the CPJE, you are required to follow the provisions of Business and Professions Code sections 123 and 584. You are not allowed to:

- have an impersonator take the examination on your behalf;
- impersonate another person to take the examination on that person's behalf;
- discuss or share examination questions or content with another examinee or with any person other than the staff of the California State Board of Pharmacy
- reproduce or make notes of examination materials and/or content and reveal them to others who are preparing to take the examination or to those who are preparing other candidates to take the examination; and
- obstruct the administration of the examination in any way.

Also to preserve the integrity of the exam process, the board requires the two forms of identification including U.S. government-issued identification and U.S. government Social Security card. Your name on both identifications must match your name of record with the board letter for letter. The board strictly enforces the identification requirements outlined in this handbook as part of examination security.

Special Test Considerations

ACCESSIBILITY OF TESTING CENTERS

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via Thomson Prometric's Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

EXAMINATION ACCOMMODATIONS

The board and Thomson Prometric recognize their responsibilities under the federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition. Requests for testing accommodation must be received by the board at the time the examination application is submitted to the board to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test will not be provided.

REQUESTING EXAMINATION ACCOMMODATIONS

Accommodations will not be provided at the examination site unless prior approval by the board has been granted.

Reasonable, appropriate, and effective accommodations may be requested from the board by submitting the "Request for Accommodation of Disabilities" package, which can be obtained from the board's Web site (www.pharmacy.ca.gov). The board will contact you once approved with further instructions.

Do not call Thomson Prometric to schedule your examination until you have received written notification from the board regarding your request for accommodations.

ADMINISTRATION OF THE CPJE

Composition and Test-Taking Strategies

The board's CPJE is comprised of 90 multiple-choice questions, administered on a computer at designated test locations throughout the country. Once the board has determined that you are eligible to take the examination, you will select the location, day and time of your examination.

You will have two hours to complete the examination. If you need to take a restroom break during the examination, you will not receive additional time to complete the test.

Of the 90 multiple-choice questions on the examination, 75 questions are test questions that will be scored and 15 questions are pretest items. The 15 pretest questions will not affect your score. Pretesting questions allows the board to gather performance data and evaluate the questions before they become scoreable in a future examination. These pretest questions will be distributed throughout the examination, and will NOT be identified as pretest items.

NOTE: After answering a question, candidates must proceed to the next question. Candidates cannot later return to any question to change an answer. Candidates cannot review any of their answers on the exam.

All of the questions on the examination have been written and reviewed by the board's Competency Committee. Each question is based on a job-related task and knowledge statement contained in the examination's Content Outline, see Pages 7 through 9.

When taking the examination, you should remember the following two points:

- There is only one answer for each question.
- Since scores on the examination are based on the number of correct answers, there is no penalty for guessing. It is to your advantage to answer every question.

Occasionally, candidates may encounter questions that they believe are ambiguous. When this occurs, record your comments on the comment form that you will be given at the test site. This information will be provided to the Competency Committee for review of the performance of the examination. The committee takes these comments seriously.

Candidate Notice of Exam Completion

After completing the examination, you will be provided with a "Candidate Notice of Exam Completion" examinee report letter, which serves as your receipt that you have completed the examination. The examinee report letter will contain your name, address, the date and location you took the examination and your picture. The board will be provided with a copy of this document.

Test Results

About 30 days after you take the CPJE examination, the board will mail your score to you at your address of record with the board. Please do not call the board's office, as results will not be given over the telephone. Moreover, each call delays the processing of the examination and the mailing of results.

Periodically, there may be a delay in sending your score due to the Board of Pharmacy performing a quality assurance assessment to ensure the appropriateness of the California Pharmacist Jurisprudence Examination (CPJE). In order to ensure the thoroughness of this assessment, 400 individuals are needed for participation. Once 400 people have taken the CPJE during one of these periodic reviews, release of examination scores should resume as scheduled. Whenever the board initiates a quality assurance assessment, the board posts this information on its Web site.

If you pass the examination, the letter will advise you to pay the initial licensing fee, return your intern pharmacist and/or pharmacy technician permit and of any pending deficiencies in your requirements needed for licensure.

If you fail the CPJE, the board will give you instructions for retaking this examination. You will be required to submit a retake application to the board as part of this process.

If you fail the examination, you will be provided with a score report that will provide information about your performance on the three portions of the examination (Provide Medications to Patients; Monitor and Manage Patient Outcomes; and Manage Operations – see the content outline for the examination on Pages 7 through 9). This report can help you study for future examinations.

CALIFORNIA PHARMACIST JURISPRUDENCE EXAMINATION (CPJE)

The board's CPJE is comprised of 90 multiple-choice questions, administered by computers at designated test locations throughout the country. Once the board has determined that you are eligible to take the pharmacist licensure examination, you will be able to select the location, day and time of your examination.

California law (California Business and Professions Code section 4200.2) requires that the CPJE include items that demonstrate proficiency in patient-communication skills, aspects of pharmacy practice and the application of clinical knowledge that is not measured by NAPLEX and California law.

Occupational Analysis

The development of any examination program involving licensure begins with an occupational analysis, which is a method for identifying the tasks performed in a profession or a job, and the knowledge, skills and abilities required to perform that job. The purpose is to describe the activities of the profession in sufficient detail to provide a basis for the development of a professional, job-related licensing examination. The Department of Consumer Affairs' Examination Validation Policy requires that an occupational analysis be performed every three to seven years.

The board completed its most recent job analysis of pharmacists in early 2005. To do this, a job analysis advisory committee was appointed by the board to identify the activities and responsibilities of the California pharmacist and to develop the test specifications. All advisory committee members were also members of the board's Competency Committee, who oversee development of the pharmacist examination. The diversity of this advisory group was reflective of the pharmacy profession.

The analysis began with a review of the existing detailed content outline for the pharmacist licensure examination, which had been developed during the last job analysis in 2000. Additions and deletions were made to this list, which was developed into a questionnaire. Next the committee approved the rating scales that were used in the survey. Before distribution of the questionnaire to practitioners, a pilot study of a small group of California practicing pharmacists was conducted. The survey questionnaire was revised and finalized. The final survey questionnaire was distributed to 3,000 California-residing licensed pharmacists according to a sample plan.

After the survey data was collected and analyzed, the board's Competency Committee reviewed the results. They then developed the content of the new examination plan based on the task statements and knowledge areas determined by the surveyed pharmacists as critical to practice. Tasks that were included in the NAPLEX content outline were removed from the CPJE content outline (because they would be tested on the NAPLEX). The remaining tasks were blended into a new content outline for the CPJE. A copy of this content outline is provided in this handbook on Pages 7 through 9. Beginning on April 1, 2006, all CPJE examinations will be based upon this content outline.

Development of the CPJE

ROLE OF THE COMPETENCY COMMITTEE

The California State Board of Pharmacy, through its Competency Committee, develops the CPJE. The committee is comprised of pharmacists from a cross section of professional practice and each of California's schools of pharmacy. Competency Committee members are appointed by the board's president. The committee is led in examination development by a contracted psychometric consulting firm, which is hired for expertise in test validation and development and whose staff is educated and experienced in developing and analyzing occupational licensing examinations.

CRITERION-REFERENCED CUT SCORE FOR PASSING

To establish pass/fail standards for the California exam, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on a minimum competence criterion that is defined in terms of the actual behaviors that qualified pharmacists would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, the Competency Committee also considers other factors that would contribute to minimum competence such as prerequisite qualifications (e.g., education, training and experience), the difficulty of the issues addressed in each multiple-choice item, and public health and safety issues. By adopting a criterion-referenced passing score, the board applies the same minimum competence standards to all licensure candidates. Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the public.

CONTENT OUTLINE

Overview

The CPJE is comprised of multiple-choice questions that:

1. Demonstrate the candidate's proficiency in patient communication skills.
2. Examine aspects of contemporary standards of practice for pharmacists in California, including pharmacist care and the application of clinical knowledge to typical pharmacy practice situations that are not evaluated by the NAPLEX.
3. Evaluate a candidate's knowledge of applicable state laws and regulations.

Applicants should review the content outline carefully to obtain a reasonable expectation of the different topics for which they will be responsible, and to identify areas for which focused review may be helpful.

Specific references you may want to use for study include California Pharmacy Law, prior issues of the board's newsletter, *The Script*; board-published monographs on drug therapy, *Health Notes*; and Community Pharmacy and Hospital Outpatient Pharmacy Self-Assessment forms. You can obtain copies of board publications and forms at the board's Web site www.pharmacy.ca.gov. You can also purchase a Pharmacy Law handbook by using the directions on the Web site.

Questions are practice based and are often written in a format that presents a situation, and then asks the candidate to make an appropriate decision or determination based on law.

Examination preparation courses are not necessary for success in the examination and are not a substitute for education and experience. The board does not supply examination preparation providers with confidential exam material. Additionally it is a violation of California law for candidates to provide information regarding examination content to anyone, and the board will take disciplinary action against anyone it finds has compromised the examination.



California State Board of Pharmacy California Pharmacist Jurisprudence Exam Detailed Content Outline

1. Provide Medication to Patients

(25 items)

A. Organize and Evaluate Information

1. Interpret prescription/medication order
2. Obtain information from the patient/patient's representative for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)
3. Obtain information from prescriber and/or health care professionals for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)
4. Assess prescription/medication order for completeness, correctness, authenticity, and legality
5. Assess prescription/medication order for appropriateness (e.g., drug selection, dosage, drug interactions, dosage form, delivery system)
6. Evaluate the medical record/patient profile for any or all of the following: disease states, clinical condition, medication use, allergies, adverse reactions, disabilities, medical/surgical therapies, laboratory findings, physical assessments and/or diagnostic tests
7. Evaluate the pharmaceutical information needs of the patient/patient's representative



California State Board of Pharmacy
California Pharmacist Jurisprudence Exam
Detailed Content Outline

B. Dispense Medications

1. Enter prescription information into patient profile
2. Prepare IV admixtures
3. Document preparation of medication in various dosage forms (e.g., compounded, unit dose)
4. Document preparation of controlled substances for dispensing
5. Verify label(s) for prescription container(s)
6. Select auxiliary label(s) for container(s)
7. Perform the final check of the medication prior to dispensing

2. Monitor and Manage Patient Outcomes

(25 items)

A. Determine a Course of Action and Manage Patient Outcomes

1. Determined desired therapeutic outcomes
2. Develop a therapeutic regimen for prescription medications (e.g., recommend alteration of prescribed drug regimen; select drug if necessary)
3. Determine the need for a referral
4. Communicate the therapeutic plan to the patient/patient's representative, the prescriber and other health care professionals
5. Recommend/order necessary monitoring and screening procedures (e.g., blood pressure, glucose levels, drug levels)
6. Communicate results of monitoring to patient/patient's representative, prescriber and/or other health care professional
7. Manage drug therapy according to protocols

B. Educate Patients and Health Care Professionals

1. Assess the patient's understanding of the disease and treatment
2. Counsel patient/patient's representative regarding prescription medication therapy and devices
3. Counsel patient/patient's representative regarding nonprescription medication (OTC)
4. Counsel patient/patient's representative regarding herbal/complementary therapies
5. Counsel patient/patient's representative regarding non-drug therapy
6. Counsel patient/patient's representative regarding self-monitoring of therapy (e.g., devices, symptoms)
7. Verify the patient's/patient representative's understanding of the information presented
8. Educate health care professionals (e.g., physicians, nurses, medical residents/fellows, other health care providers/students, precepting intern pharmacists)



California State Board of Pharmacy
California Pharmacist Jurisprudence Exam
Detailed Content Outline

3. Manage Operations

(25 items)

A. Procure Pharmaceuticals, Devices and Supplies and Control Inventory

1. Place orders for pharmaceuticals, durable medical equipment, devices and supplies, including expediting of emergency orders
2. Maintain a record-keeping system of items purchased/received/returned in compliance with legal requirements
3. Maintain a record of controlled substances ordered, received, stored and removed from inventory
4. Store pharmaceuticals, durable medical equipment, devices and supplies under proper storage conditions
5. Dispose of expired or recalled pharmaceuticals, durable medical equipment, devices, supplies and document actions taken
6. Communicate changes in product availability (e.g., formulary changes, recalls, shortages) to pharmacy staff, patient/patient's representative, physicians and other health care professionals
7. Maintain policies and procedures to prevent theft and/or drug diversion

B. Perform Quality Assurance/Improvement

1. Assess pharmacist and/or pharmacy technician competence
2. Ensure the accuracy of medication administration
3. Implement a system for medication error prevention, assessment, and reporting (e.g., root cause analysis, National Patient Safety Goals)
4. Implement a system by which adverse drug reactions are documented, analyzed, evaluated and reported

C. Manage Operations, Human Resources and Information System

1. Monitor the practice site and/or service area for compliance with federal, state and local laws, regulations and professional standards
2. Supervise the work of pharmacy staff
3. Ensure the availability, control, and confidentiality of patient and prescription information (e.g., patient profiles, medication administration records)

D. Manage Medication Use System

1. Maintain a formulary system
2. Apply therapeutic interchange
3. Conduct medication use evaluations

TOTAL: 90 QUESTIONS, INCLUDING 15 NONSCORED, PRETEST ITEMS

SAMPLE CPJE TEST

Overview

Provided below is a sample of a CPJE. For purposes of this sample CPJE there are 78 multiple-choice questions on this sample examination. Please note that the CPJE has a total of 90 multiple-choice questions, 75 of which are graded and 15 of which are not graded, as they are pre-test questions. Each multiple-choice question on the examination has four possible answers. Only one answer is correct. These examples are provided to familiarize you with the structure of some of the questions.

Each question is worth one point, and there is no penalty for guessing.

The board encourages you to review the Content Outline for the CPJE, which is provided on Pages 7 through 9. The content outline describes the content areas and number of questions that will be used for each examination. You may find it helpful to prepare for the examination by using the content outline.

Questions

1. A pharmacist is counseling a 58-year-old man with a new prescription for repaglinide 0.5 mg t.i.d. According to the patient profile, he is homeless. Which of the following information should be requested from the patient and what is the rationale?
 - A. "Are you taking insulin?" Repaglinide is contraindicated in Type 1 diabetes.
 - B. "Are you eating three regular meals per day?" Repaglinide is taken with meals and skipped if a meal is skipped.
 - C. "Are you using a blood glucose meter?" Repaglinide must be taken only when guided by the blood glucose.
 - D. "Have you failed on other oral anti-diabetic agents?" Repaglinide is approved only as a second-line therapy.
2. Which of the following factors could be considered barriers to providing a thorough oral consultation to a patient?
 1. educational background
 2. primary language
 3. physical impairment
 4. insurance coverage

- A. 1, 2, and 3 only
- B. 1, 2, and 4 only
- C. 1, 3, and 4 only
- D. 2, 3, and 4 only

3. A hospital pharmacist has just received a new medication order for brimonidine. The pharmacist wishes to confirm the appropriateness of this order and calls the nurse for the patient's diagnosis. Which of the following diagnoses would confirm that the brimonidine order is APPROPRIATE?

- A. metastatic bone lesions
- B. benign prostatic hyperplasia
- C. epilepsy
- D. glaucoma

4. A physician writes the following prescription:

*Finasteride 1 mg tablets
#30
1 tab p.o. daily for benign
prostatic hyperplasia*

Which of the following would be the MOST APPROPRIATE action of the pharmacist?

- A. Fill as written.
 - B. Call the physician regarding dosage strength.
 - C. Call the physician regarding dosage frequency.
 - D. Call the physician regarding route of administration.
5. Which of the following is CORRECT about a prescription for naproxen sodium 275 mg tablets #20 Sig: i tab b.i.d.?
 - A. Naproxen sodium at that dosage may be sold without a prescription as a product called Aleve®.
 - B. The prescription may be filled as written.
 - C. The prescription may be filled with Naprosyn® if Anaprox® is not available.
 - D. Naproxen sodium at that dosage should not be given b.i.d.

6. The pharmacist receives a telephone prescription for testosterone patches from a physician's nurse. Assuming that the dosage, quantity, and instructions are appropriate, and the prescription is reduced to writing, the pharmacist should
 - A. not fill the prescription because a triplicate prescription is required.
 - B. not fill the prescription because a telephone prescription for testosterone is not valid.
 - C. fill the telephone prescription if the physician confirms all information with the pharmacist.
 - D. fill the prescription after noting the physician's and the nurse's names on the prescription.
7. A pharmacist receives a security prescription from a known local medical group for promethazine with codeine. The prescription blank has the physician's name, address, phone number, DEA number, and license number, but is signed only by a physician's assistant (PA). The pharmacist's best course of action is to
 - A. fill the prescription as written.
 - B. return the prescription for the physician's signature.
 - C. call the medical group and request the PA's DEA number.
 - D. not fill the prescription because only a nurse practitioner can write such prescriptions.
8. A patient brings in a prescription for Propecia® written by a known physician on a plain piece of paper. The paper is not a prescription blank, but just a plain white sheet of paper with all the needed information hand written. The pharmacist should
 - A. fill the prescription as written and file.
 - B. not fill the prescription as it represents a forgery.
 - C. tell the patient that this is a non-prescription medication.
 - D. have the patient obtain the prescription on a formal prescription blank.
9. A 60-year-old woman who recently had a hysterectomy comes to the pharmacy with new prescriptions for estradiol, ibuprofen, calcium carbonate, and medroxyprogesterone. Which of the following drugs should be discussed with the prescriber?
 - A. estradiol
 - B. ibuprofen
 - C. calcium carbonate
 - D. medroxyprogesterone
10. Which of the following would be the MOST APPROPRIATE auxiliary labels for a prescription for clarithromycin 250 mg/5 mL?
 1. "Do not refrigerate"
 2. "Shake well"
 3. "Avoid dairy products"
 4. "Avoid sun exposure"
 - A. 1 and 2 only
 - B. 1 and 3 only
 - C. 2 and 4 only
 - D. 3 and 4 only
11. A pharmacy technician has prepared four IV piggyback doses of sulfamethoxazole/trimethoprim for 24-hour dosing for a patient. The technician asked the pharmacist to verify the medication before delivery to the patient ward. Which of the following is a concern regarding the preparation?
 - A. keeping it refrigerated
 - B. protecting it from light
 - C. short-term drug stability
 - D. using an in-line filter during reconstitution
12. A technician has prepared a 16-oz bulk supply of spironolactone suspension 1 mg/mL to be packaged into 5 mg/5 mL oral syringes for future dispensing. The pharmacist checking this preparation should ensure that the records include which of the following?
 1. manufacturer's lot number
 2. date the product is dispensed
 3. package size and number of syringes prepared
 4. formula for the suspension
 - A. 1 and 3 only
 - B. 2 and 4 only
 - C. 1, 2, and 3 only
 - D. 1, 3, and 4 only
13. A pharmacist is performing a final check of a new prescription for lithium carbonate extended release tablets. Which of the following auxiliary labels should the pharmacist affix to the container?
 - A. "Do not wear contact lenses while using this medication."
 - B. "May discolor urine"
 - C. "Take with food or milk"
 - D. "Avoid sun exposure"

14. A pharmacist is performing a final check on a new prescription for a patient with a nasogastric tube. The prescription label reads:
- Lotensin 10 mg #60
Take one tablet via NG tube daily.
- Which of the following is CORRECT for administration of this dose through a nasogastric tube?
- The tablets can be broken in half.
 - The tablets can be crushed and mixed with water.
 - The tablets should be formulated into gelatin capsules.
 - The tablets should only be administered whole.
15. A pharmacist receives a prescription for Ativan® 1 mg and elects to dispense a generic equivalent manufactured by S-G. Which of the following drug descriptions on the label would be legally CORRECT?
- generic Ativan 1 mg (S-G)
 - lorazepam 1 mg (S-G)
 - lorazepam 1 mg for Ativan
 - lorazepam 1 mg generic for Ativan
16. Which of the following auxiliary labels should be placed on a prescription container for amoxicillin/clavulanate suspension?
- Avoid sunlight.
 - Take until gone.
 - Take on an empty stomach.
 - Refrigerate.
- 1 and 2 only
 - 1 and 3 only
 - 2 and 4 only
 - 3 and 4 only
17. Which of the following requires the advisory label warning, "May cause drowsiness"?
- tegasorb
 - indapamide
 - cyclobenzaprine
 - modafinil
18. A technician prepares a new prescription for Coreg®. The vial is labeled as follows:
- Coreg 3.125 mg tablets #60
Take 1 tablet twice daily.
Auxiliary label: Take with food.
- Assuming the technician interpreted the prescription as written, which of the following would be the MOST APPROPRIATE action?
- Dispense as written.
 - Call the physician to change the strength of the tablets.
 - Call the physician to correct the dosage frequency.
 - Change the auxiliary label to "Take on an empty stomach."
19. The following prescription is presented to the pharmacist for checking prior to dispensing:
- Prescription: AeroBid #1 2 p b.i.d.
Label: Flunisolide (Forest) #1
Inhale 2 puffs in nostrils twice daily
- Which of the following is an error on the label?
- frequency of use
 - name of medication
 - incorrect dose
 - route of administration
20. A pharmacist is checking a medication order prior to dispensing it. The order calls for a patient to receive enoxaparin 1.5 mg/kg subcutaneously daily for 7 days. The patient weighs 148 lb. Based on this order, what is the total daily dose that this patient should receive?
- 80 mg
 - 100 mg
 - 150 mg
 - 220 mg
21. A pharmacy technician has prepared an IV piggyback dose of levothyroxine 100 mcg in the morning for 24-hour dosing for a patient due later tonight. The technician asked the pharmacist to verify the medication before delivery to the patient ward. Which of the following is a concern regarding the preparation?
- keeping it at room temperature
 - using a filter needle during preparation
 - short drug stability
 - protecting it from light

22. A pharmacist is verifying a prescription filled by a technician. The label reads:
- John Doe
Invirase 200 mg
Take 6 capsules by mouth twice daily with Norvir.
- The pharmacist checks the written prescription and it reads:
- Saquinavir 200 mg soft gel capsules
VI p.o. b.i.d. with Norvir
- The pharmacist should
- dispense as filled.
 - change the dose.
 - change the drug.
 - change the dosing interval.
23. A 42-year-old patient with long-standing asthma brings a new prescription for a budesonide inhaler to the pharmacy. The pharmacist's medication record shows that the patient is also using oral prednisone as needed for acute asthma attacks, an albuterol inhaler PRN, montelukast 10 mg PO daily, and a triamcinolone inhaler b.i.d. Which of the following actions indicates that the patient understands how to incorporate the budesonide into his asthma regimen?
- He stops using his montelukast.
 - He uses his budesonide PRN for wheezing.
 - He stops using his triamcinolone inhaler.
 - He substitutes the budesonide for his oral prednisone.
24. Which of the following would be the MOST APPROPRIATE information to give the parent of a 2-year-old child who is to receive amoxicillin suspension for the treatment of acute otitis media?
- Avoid dairy products while taking this medication.
 - Avoid prolonged exposure to the sun.
 - Doses must be taken on an empty stomach.
 - Shake well before each dose.
25. A patient has just been counseled on the appropriate use of his new prescription for valsartan. Which of the following statements would verify that the patient has a good understanding of the possible side effects of the drug?
- "My hands might shake while taking this medication."
 - "I might get headaches with this medication."
 - "I might get constipated while taking this medication."
 - "I should take this medication with food to avoid nausea."
26. Which of the following patient information is applicable to the use of Transderm-Scop®?
- may cause runny nose
 - should be applied at least 4 hours before travel
 - must not be worn longer than 24 hours
 - can cause pupil constriction
27. Which of the following would indicate that a patient understands why he is taking divalproex?
- "I have bipolar disorder."
 - "I have obsessive compulsive disorder."
 - "I have post-herpetic neuralgia."
 - "I have severe diabetic peripheral neuropathy."
28. Which of the following statements would be the MOST APPROPRIATE for the pharmacist to make to a patient who is being counseled on the use of lansoprazole?
- "Take this medication once a day before breakfast."
 - "This medication may cause sedation."
 - "You should not take these capsules for longer than 2 weeks."
 - "This medication is being used to treat your toenail infection."
29. A patient who recently started taking atenolol comes into the pharmacy with a blood pressure of 132/78 mm Hg and a pulse of 54 beats per minute. Which of the following is the MOST APPROPRIATE action by the pharmacist?
- Advise the patient that these are normal values and not to worry.
 - Advise the patient to discontinue atenolol immediately.
 - Call the physician and suggest that metoprolol might have a less pronounced effect on the patient's heart rate.
 - Ask the patient if he has noted any dizziness on standing or decreased exercise tolerance.

30. A patient has just been counseled on the appropriate use of her new prescription for isoniazid. Which of the following statements would verify that the patient has a good understanding of the possible side effects of this drug?
- "This medication can cause stiffness in my joints."
 - "This medication can change the color of my urine to red."
 - "I need to wear sunscreen outside while I'm taking this drug."
 - "I should report flu-like symptoms to my doctor."
31. A 43-year-old woman diagnosed with hypothyroidism brings in a new prescription for levothyroxine 100 mcg daily. Her medication profile shows the following:
- calcium carbonate 500 mg q a.m. and q p.m.
losartan 50 mg q a.m.
- After counseling, which of the following actions indicates that the patient understands how to take her levothyroxine correctly?
- She takes the levothyroxine in the evening.
 - She takes the levothyroxine 2 hours after losartan.
 - She takes the levothyroxine 1 hour before calcium carbonate.
 - She takes the levothyroxine with food to increase absorption.
32. A pharmacist has just counseled a patient on the use of ketoconazole shampoo. Which of the following statements would verify that the patient has a clear understanding of how to properly use this medication?
- "This shampoo is going to treat my psoriasis."
 - "This shampoo is going to treat my dandruff."
 - "I shouldn't use this shampoo if I have open sores on my scalp."
 - "I should use this shampoo every other day for 1 week."
- 1 and 3 only
 - 1 and 4 only
 - 2 and 3 only
 - 2 and 4 only
33. Which of the following statements demonstrates that a patient understands the risks associated with doxorubicin?
- "I should avoid pregnancy."
 - "I may have blood in my urine."
 - "I need to drink a lot of water."
 - "I will have permanent hair loss."
34. A patient with an allergy to aspirin is recovering from an ischemic stroke. Heparin 5000 units subcutaneously b.i.d. is prescribed. Which of the following statements would BEST verify that the patient understands why this medication was ordered?
- "This medication will dissolve clots in my brain."
 - "This drug will help to prevent the development of a clot."
 - "I am taking this medication because I am allergic to aspirin."
 - "Taking this medication will help to prepare me for carotid artery surgery."
35. Which of the following consultation information is CORRECT for a patient who starts latanoprost solution?
- This medication will need to be shaken prior to administration.
 - This medication may cause diarrhea during the first week of therapy.
 - This medication may darken the eyes of patients with light eye color.
 - This medication will reduce conjunctival discharge and redness.
36. A mother brings her 5-year-old son to the pharmacy asking for a product to treat his rash. The pharmacist notices two red lesions with raised borders in circular patterns on his right forearm. The boy also says the rash itches. It is MOST APPROPRIATE for the pharmacist to recommend
- that the patient see a physician.
 - clotrimazole 1% cream.
 - hydrocortisone 1% cream.
 - no treatment; the condition is self-limiting.

37. A consulting pharmacist in a skilled nursing facility is asked by a nurse for advice regarding selegiline and fluoxetine administration for an 80-year-old patient. The patient has received the following new orders:

fluoxetine 10 mg p.o. q AM

selegiline 5 mg p.o. at breakfast and lunch

The MOST APPROPRIATE pharmacist recommendation is to

- administer the fluoxetine at bedtime.
 - separate the AM medication administration by at least 1 hour.
 - call the physician to warn of a potential drug interaction.
 - call the physician to recommend a higher dose of fluoxetine.
38. A patient brings in a vial of cloudy regular insulin. Examination of the medication profile reveals simultaneous use of NPH and regular insulin. Which of the following is the MOST PROBABLE explanation for the cloudy appearance of the regular insulin?
- The insulin has been improperly stored.
 - The insulin has expired.
 - The insulin has been contaminated.
 - The insulin is expected to be cloudy.
39. Which of the following statements would BEST verify that a patient understands how to inject dalteparin?
- "I should use the abdomen as an injection site."
 - "I should inject this medication three times a day."
 - "The injection site should be massaged after injection."
 - "The needle should be injected into the skin at a 30-degree angle."
40. A physician decides to place a patient on a fentanyl transdermal system. What dosage schedule should the pharmacist recommend if the patient's pain is controlled on morphine sulfate continuous infusion of 5 mg/hr?

- 25 mcg/hr
- 50 mcg/hr
- 75 mcg/hr
- 100 mcg/hr

41. A pharmacist is writing a new protocol for nurses to use when administering medications. Which of the following oral medications should the protocol recommend be administered with food?

- atenolol
- saquinavir
- fluconazole
- levofloxacin

42. A patient is being managed on a CHF protocol with the assistance of a pharmacist. The patient experiences swollen legs and difficulty breathing at night. Considering this information, which of the following medications should be started?

- prednisone
- digoxin
- metolazone
- captopril

43. An intern pharmacist asks the pharmacist about monitoring metronidazole therapy when treating a patient with *Trichomonas*. Which of the following patient parameters should the pharmacist recommend monitoring?

- lean body mass
- renal function
- pregnancy status
- alcohol intake

- 1 and 2 only
- 1 and 4 only
- 2 and 3 only
- 3 and 4 only

Drug	Half-life (hours)	Conversion Ratio for Equivalent Dosing	
		Parenteral/Transdermal (mg)	Oral (mg)
Fentanyl	1.5 to 6	0.1	na
Hydromorphone	2 to 3	1.5	7.5
Meperidine	3 to 4	75	300
Morphine	1.5 to 2	10	60 30 (sustained-release)

44. A patient with chronic renal failure was started on erythropoietin for anemia. The hospital protocol follows the manufacturer's guidelines. The starting dose was 75 units/kg three times a week and the patient's hematocrit was 25%. One month later, the patient's hematocrit is reported at 30%, and the patient is asymptomatic. Which of the following should the pharmacist do?
- Increase the dose.
 - Continue the same dose.
 - Decrease the dose.
 - Stop the erythropoietin.
45. By protocol, a pharmacist has the responsibility for managing patients with anemia. A 45-year-old woman has the following hematological data (reference values in parentheses):
- | | | |
|------------|--------------------------|----------------------------------|
| Hgb | 11g/dL | (12 - 15 g/dL) |
| Hct | 33% | (30 - 45%) |
| MCV | 70 uL³ | (80 - 100 uL³) |
| MCH | 24 pg/RBC | (26 - 34 pg/RBC) |
- Which of the following should the pharmacist order for this patient?
- cyanocobalamin
 - ferrous sulfate
 - folic acid
 - erythropoietin
46. A pharmacist calls the physician to report an increase in INR from 2.2 to 3.6 for a 65-year-old patient with atrial fibrillation who is being monitored on a warfarin protocol. Which of the following drugs is MOST LIKELY to account for this observation?
- cefotetan
 - ramipril
 - pantoprazole
 - digoxin
47. Which of the following should be reported to the prescriber indicating an adverse drug reaction to montelukast?
- an increase in respiratory tract infections
 - an increased serum creatinine
 - a decrease in libido
 - a decreased serum albumin
48. The Board of Pharmacy has issued a waiver for off-site storage of records for a pharmacy. The pharmacist must store which of the following in the pharmacy?
- the past year of non-controlled prescriptions and the past 2 years of controlled substance prescriptions
 - the past 2 years of non-controlled prescriptions and the current year of controlled substance prescriptions
 - the past year of non-controlled and controlled substance prescriptions
 - no records, but all must be retrievable within 72 hours
49. A prescriber wishes to purchase acetaminophen with codeine 60 mg for office use. Which of the following statements is TRUE?
- The pharmacist cannot make this sale.
 - The prescriber must write a prescription for himself.
 - The prescriber must complete a DEA Form 222.
 - The sale must be documented with an itemized invoice.
50. A pharmacist receives a call from a nearby pharmacy requesting the purchase of 16 tablets of Mevacor® 20 mg. Which of the following BEST describes the pharmacist's legal requirements?
- The pharmacist can loan, but not sell the drug.
 - The pharmacist can only sell an unopened, original container of the drug.
 - The pharmacist can sell the drug as long as a record of the sale is maintained.
 - The price charged to the pharmacy must be the same as the price charged to a patient.
51. A physician wants to use an out-of-stock Schedule II drug to treat one of his hospitalized patients. He asks the hospital pharmacist to borrow some of this medication from another hospital. Which of the following should the pharmacist do?
- Tell the physician that borrowing Schedule II drugs is not legal.
 - Obtain a supply of the drug from the other hospital using a DEA Form 222.
 - Borrow a supply of the drug from another hospital and record the quantity and lot number.
 - Tell the physician he may bring in his office supply of the drug.

52. Which of the following should be used to assess the quality of care provided by a clinic pharmacist to patients receiving oral anticoagulation therapy?

- A. the number of APTT values ordered
- B. the number of patients seen per month
- C. the number of patients with a warfarin rash
- D. the number of hospitalizations due to GI bleeding

53. A quality assurance assessment of patients receiving phenytoin suspension and enteral feedings via a nasogastric tube demonstrates consistently sub-therapeutic phenytoin levels. Phenytoin suspension is dosed twice a day. Which of the following should the pharmacist do to improve administration of phenytoin?

- A. Recommend another enteral feeding with less protein and more fat.
- B. Hold tube feedings for 1 hour before and after phenytoin administration.
- C. Obtain daily phenytoin serum levels and adjust the dose accordingly.
- D. Ensure that the phenytoin is diluted with distilled water prior to instillation.

54. A patient comes into the pharmacy for a refill on chlorhexidine 0.12% rinse. The pharmacist wants to ensure the patient is informed about the medication and is adhering to the medication regimen. Which of the following statements made by the patient would convince the pharmacist that the patient understands how to use the chlorhexidine?

- A. "I dilute 15 mL in 15 mL of tap water, rinse for 30 seconds, and discard."
- B. "I dilute 15 mL in 15 mL of tap water, rinse for 30 seconds, and swallow."
- C. "I use 15 mL undiluted, rinse for 30 seconds, and discard."
- D. "I use 15 mL undiluted, rinse for 30 seconds, and swallow."

55. The concept of preventing medication errors in the pharmacy is BEST characterized by a process that

- 1. focuses on individuals.
- 2. establishes a disciplinary policy.
- 3. monitors errors over time.
- 4. reviews dispensing processes.

- A. 1 and 2 only
- B. 1 and 3 only
- C. 2 and 4 only
- D. 3 and 4 only

56. A pharmacist is checking the accuracy of medications that were to be repackaged into unit dose form by a pharmacy technician. The medication that was to be repackaged is Cardura®. Which of the following medications should have been used?

- A. pindolol
- B. doxazosin
- C. carvedilol
- D. terazosin

57. A pharmacist receives the following prescription, filled by the technician, to check for accuracy.

John Smith, DO 1234 Main Street Brawley, CA	
(999) 555-9999	Lic. A12345
Jane Doe 5432 Minor Avenue, Brawley, CA	
January 6, 2004	
<i>Cortisporin Otic</i> #1	
Sig: Otic iv AD t.i.d. x 7d	
John Smith, DO	

Brawley Pharmacy 1234 Main Street Brawley, CA	
(999) 555-1234	
RX 91292 Jane Doe	
1/6/04 Dr. J. Smith, DO	
Place 6 drops in the left ear 3 times daily for one week.	
5 mL Hydrocortisone/Polymyxin B/ Neomycin Otic Drops (FG)	
Exp. 1/05	

The pharmacist should correct the

- 1. frequency of administration.
- 2. dose to be administered.
- 3. site of administration.
- 4. product to be dispensed.

- A. 1 and 2 only
- B. 1 and 4 only
- C. 2 and 3 only
- D. 3 and 4 only

58. A clinical coordinator at a medical center wishes to prepare a quality assurance report on patients receiving tobramycin per pharmacy protocol. Which of the following should be documented to assist in evaluating the appropriateness of therapy?
1. serum creatinine
 2. alkaline phosphatase
 3. serum transaminases
 4. culture and sensitivity
- A. 1 and 3 only
B. 1 and 4 only
C. 2 and 3 only
D. 2 and 4 only
59. An order for phenytoin 300 mg IV is written. The pharmacy technician prepares this dose in 150 mL of D5W in a plastic bag and labels it to be infused over 10 minutes. Which of the following describes the error made by the technician?
- A. The diluent used should not have been D5W.
B. The admixture was not protected from light.
C. It was labeled with an incorrect infusion rate.
D. The solution was not placed in a glass container.
60. If a burglary occurs within a pharmacy and controlled substances are stolen, the pharmacist must report the loss to the Board of Pharmacy within
- A. 1 day.
B. 7 days.
C. 14 days.
D. 30 days.
61. A hospital pharmacy has agreed to participate in an investigational drug study that will be double-blinded. The manufacturer sends the initial supply to the pharmacy. The pharmacist should
- A. keep the supply separated from the other drugs in the pharmacy.
B. send the supply to the wholesaler and request as needed.
C. maintain the supply on the medication cart to be used as floor stock for enrolled patients.
D. place the placebo supply in the regular drug stock and the investigational drug in the narcotic vault.
62. To which of the following may a pharmacy directly sell dangerous drugs or devices without a prescription?
- A. home health care nurse
B. podiatrist
C. chiropractor
D. licensed paramedic
63. A pharmacist is conducting a monthly nursing station inspection in a hospital. In the medication room, the pharmacist notes that bottles of povidone-iodine and isopropyl alcohol are being stored next to the unit's stock supply of lidocaine 2% for injection. Which of the following actions should the pharmacist take?
- A. Recommend placing the isopropyl alcohol in a locked cabinet.
B. Return the lidocaine 2% vials to the pharmacy since they cannot be kept as floor stock.
C. Advise the nurses that external preparations must be stored separately from other drugs.
D. Counsel the nurses on the need to keep lidocaine 2% vials refrigerated.
64. A hospital pharmacist is checking a technician's work. Which of the following should the pharmacist do to ensure that the proper medication is dispensed?
- A. Assure that the medication has been charged.
B. Verify the expiration date of the medication.
C. Verify the product against the actual order.
D. Assure that the lot number is clearly printed on the package.
65. A pharmacist is NOT required to initiate patient consultation when
- A. the prescription is a refill, but the dose is changed.
B. the customer refuses consultation.
C. appropriate auxiliary labels have been attached.
D. the patient does not speak English.
66. A patient comes into the pharmacy with a new prescription for triamcinolone 0.1%. The pharmacy technician realizes that triamcinolone comes both as a cream and an ointment. The technician phones the physician's office to ask for clarification on the prescription. The nurse checks the patient's chart and tells the technician that the physician prescribed the ointment. Which of the following is the MOST APPROPRIATE action of the technician?

- A. Do not fill the prescription because the physician was not notified.
 - B. Do not fill the prescription because the cream is most commonly dispensed.
 - C. Fill the prescription since the order was clarified by the technician.
 - D. Fill the prescription once the pharmacist clarifies the order with the physician's office.
67. A pharmacy computer fails and will not be available for the next hour. While the computer is down, the pharmacist has a patient requesting a refill. The patient has brought in the original prescription container and the pharmacist has verified that a refill is available. Which of the following is LEGAL and in the best interest of the patient?
- A. Refuse to refill this prescription until the computer is back in operation.
 - B. Refill in the original container, cross the refill off the label, and change the fill date on the label to today.
 - C. Prepare a label, fill in a new container, and record this on the back of the prescription.
 - D. Provide a 1-day supply of medication in the original container and have the patient return the next day for the full amount of the refill.
68. In order to make a generic substitution, a pharmacist must do which of the following?
- A. Notify the patient of the substitution.
 - B. Charge the same or lower price for the generic.
 - C. Place the brand name on the label and write "substitute for."
 - D. Obtain the physician's consent to substitute the product.
69. Which of the following FDA-approved agents require that physicians comply with special safeguards and educational requirements before the drug can be dispensed?
1. thalidomide (Thalomid®)
 2. dofetilide (Tikosyn®)
 3. quinupristin/dalfopristin (Synercid®)
 4. drotrecogin alfa (Xigris®)
- A. 1 and 2 only
 - B. 1 and 3 only
 - C. 2 and 4 only
 - D. 3 and 4 only
70. A medication error resulting in serious patient harm has occurred in a hospital, and a root cause analysis is conducted. The results of the analysis indicate that similarity in generic name may have been involved. This should be reported to the
1. Food and Drug Administration.
 2. Drug Enforcement Agency.
 3. hospital Pharmacy and Therapeutics Committee.
 4. State Board of Pharmacy.
- A. 1 and 2 only
 - B. 1 and 3 only
 - C. 2 and 4 only
 - D. 3 and 4 only
71. A hospital's Pharmacy and Therapeutics Committee decides to retain triamcinolone acetonide 0.1% cream as the medium potency product of choice. Which of the following is a medium potency preparation that should be removed from the formulary?
- A. fluocinonide 0.01% cream
 - B. mometasone 0.1% cream
 - C. desonide 0.05% cream
 - D. clobetasol 0.05% cream
72. A pharmacist is conducting a medication use evaluation to assess the potential adverse effects of metoclopramide. For those patients who received metoclopramide, which of the following would be the MOST APPROPRIATE indicator of severe adverse effects?
- A. the number of patients who received parenteral antihistamines or anticholinergics
 - B. the number of patients with glaucoma who experienced increased intraocular pressure or glaucoma crisis
 - C. the average length of hospital stay of patients treated for acute or diabetes-related gastroparesis
 - D. the number of times antiemetics were ordered after metoclopramide therapy

73. Which of the following quality assurance measures is the BEST choice to reduce medication errors in an inpatient setting?
- retrospective analysis, proactive intervention, and voluntary non-punitive reporting of errors
 - retrospective quarterly reporting to the Pharmacy and Therapeutics Committee
 - proactive intervention, limiting automated dispensing units, and monthly reporting to administration
 - review of all charted doses, monthly reporting to the director of pharmacy, and quarterly reporting to the Board of Pharmacy
74. The pharmacy department at a hospital has received approval for therapeutic interchange of Product A with Product B through both the Pharmacy and Therapeutics Committee and the medical staff. When Product A is ordered by a physician, the pharmacist may do which of the following?
- Automatically interchange with Product B.
 - Only interchange products if approved by the patient's insurance.
 - Dispense Product B only after verbal approval from the physician.
 - Dispense neither Product A nor B until receiving approval from the physician.
75. A pharmacist wants to document and evaluate the prevalence of *Clostridium difficile* colitis from antibiotic usage. Which of the following should be monitored to obtain the highest yield for identifying this potential adverse drug reaction?
- laboratory tests for WBC counts
 - medication orders for oral metronidazole
 - laboratory tests for ova and parasites
 - antibiotics given during the first 48 hours postoperatively
76. A pharmacist is revising the hospital's adverse drug reaction policy and procedure. The pharmacist wishes to include guidelines for analyzing possible reactions. Which of the following recommendations should be placed in these guidelines?
- Determine if the drugs on the patient's profile have ever been associated with causing the reported reaction.
 - Require that the physician document the adverse drug reaction in the patient's medical record.
 - Request that the Pharmacy and Therapeutics Committee decide if the reaction should be disclosed to the FDA as being a sentinel event.
 - Assess how the patient may have responded to any interventions made after the reaction was noted.
- 1 and 3 only
 - 1 and 4 only
 - 2 and 3 only
 - 2 and 4 only
77. At a minimum, the adverse drug reaction monitoring and reporting program at a hospital should include which of the following?
- disseminating adverse drug reaction information for educational purposes
 - reporting all adverse drug reactions to the FDA
 - notifying the prescriber of any suspected adverse drug reaction
 - informing the drug manufacturer of every adverse drug reaction
- 1 and 3 only
 - 1 and 4 only
 - 2 and 3 only
 - 2 and 4 only
78. A dentist calls and orders Percocet 5/325® for a patient who has had a root canal procedure. Percocet 5/325® is currently out of stock at the pharmacy. The dentist asks for a comparable pain medication. Which of the following should the pharmacist recommend?
- Tylenol #2®
 - Darvocet-N 100®
 - codeine 30 mg
 - Vicodin®

ANSWERS

1. B	11. C	21. C	31. C	41. B	51. B	61. A	71. B
2. A	12. D	22. C	32. C	42. C	52. D	62. B	72. A
3. D	13. C	23. C	33. A	43. D	53. B	63. C	73. A
4. B	14. B	24. D	34. B	44. B	54. C	64. C	74. A
5. B	15. B	25. B	35. C	45. B	55. D	65. B	75. B
6. D	16. C	26. B	36. B	46. A	56. B	66. D	76. B
7. C	17. C	27. A	37. C	47. A	57. C	67. C	77. A
8. A	18. A	28. A	38. C	48. A	58. B	68. A	78. D
9. D	19. D	29. D	39. A	49. D	59. A	69. A	
10. A	20. B	30. D	40. B	50. C	60. D	70. B	

CALIFORNIA TESTING CENTERS

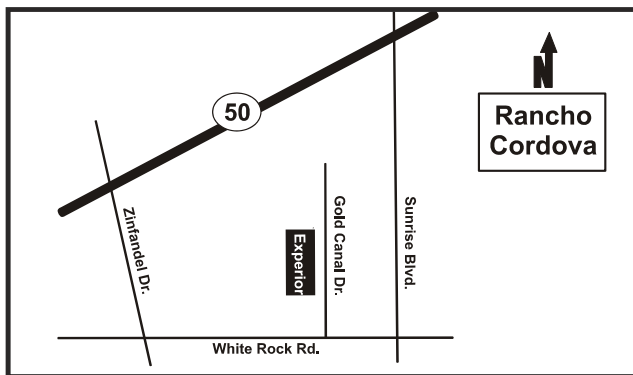
If you are unfamiliar with the area, please contact the testing center during testing hours for directions. Please direct registration, scheduling and any other questions to Thomson Prometric at 800.894.9962

MAPS ARE NOT DRAWN TO SCALE.

Rancho Cordova Center

3110 Gold Canal Drive, Suite E
Rancho Cordova, CA 95670
Phone: 916.851.8340

From Hwy 50, take either the Sunrise Boulevard or Zinfandel Drive exit and head south. Turn on White Rock Road and turn again onto Gold Canal Drive. The testing center is on your left. Turn into the first driveway on your left to park in front of the building. Additional parking is available around the building.



Fresno Center

125 E. Barstow Avenue, Suite 136
Fresno, CA 93710
Phone: 559.226.3334

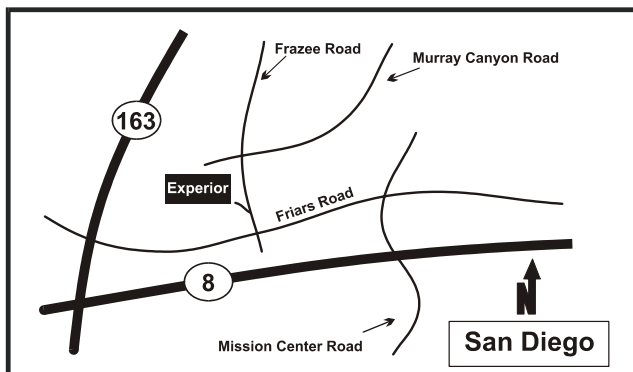
From Hwy 41, exit west on Shaw Avenue; turn right (north) on Blackstone Avenue. From northbound I-99, exit east on Shaw Avenue; turn left (north) on Blackstone Avenue. Turn right (east) on Barstow Avenue. At 125 E. Barstow Avenue, turn right on Diana Street, and then right into the parking area. The testing center is located on the corner of Barstow Avenue and Diana Street. Parking is available around the building.



San Diego Center

1450 Frazee Road, Suite 410
San Diego, CA 92108
Phone: 619.574.1840

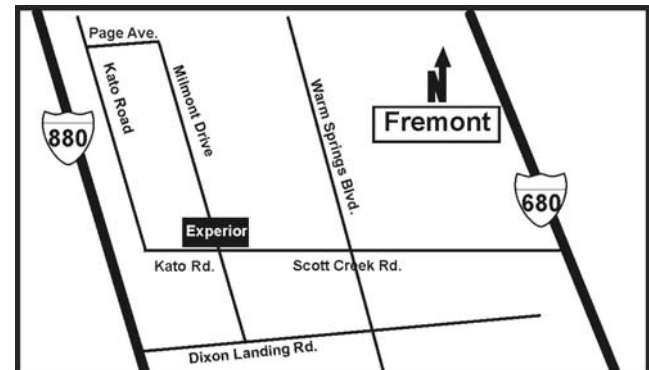
From Highway 163, take the Friars Road exit east to Frazee Road. Turn left (north) on Frazee Road. The testing center is in the building on your left. Parking is available all around the building.



Fremont Center

48860 Milmont Drive, Suite 103C
Fremont, CA 94538
Phone: 510.687.0821

From I-880, take the Dixon Landing Road exit. From Dixon Landing Road, turn left on Milmont Drive and go straight through the Kato Road intersection. From I-680, take the Scott Creek Road exit and head west. Scott Creek Road becomes Kato Road. Turn right on Milmont Drive. The testing center is the second driveway on the right. Parking is available around the building.



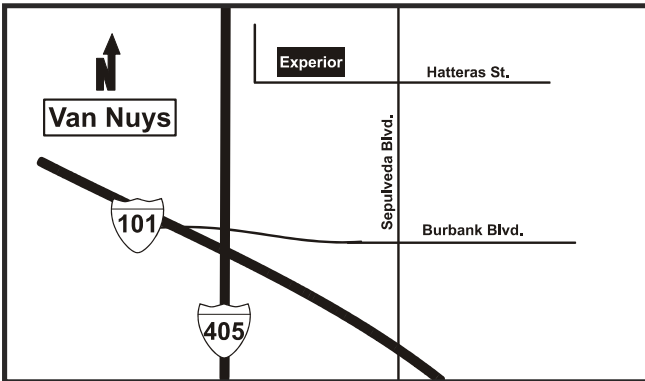
CALIFORNIA TESTING CENTERS (cont.)

Note: Maps are not drawn to scale.

Van Nuys Center

John Laing Homes Building
5805 Sepulveda Blvd., Suite 601
Van Nuys, CA 91411
Phone: 818.781.9981

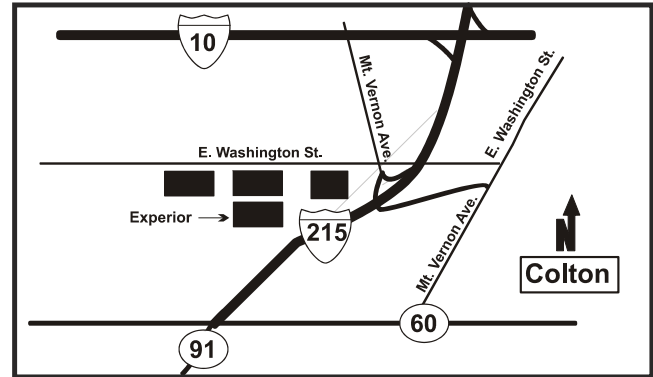
From I-405, take the Burbank Blvd exit and head east; turn left (north) on Sepulveda Blvd. The testing center is located at the intersection of Sepulveda and Hatteras. Paid parking is available in the lot; free parking may be available on the street.



Colton Center

1060 E. Washington Street, Suite 110
Colton, CA 92324
Phone: 909.783.2255

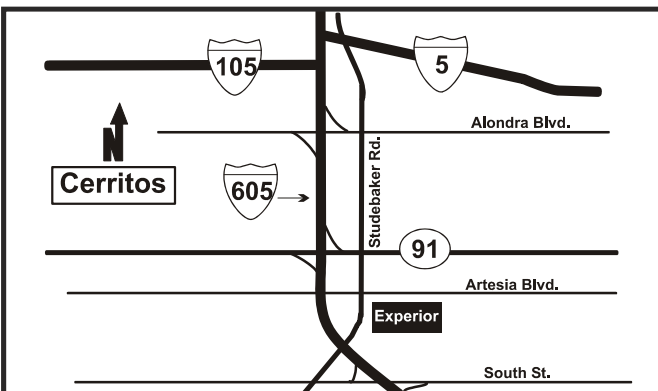
From I-215, take the Mt. Vernon Ave. exit; head west on E. Washington. The testing center will be on your left, in the two-story building adjacent to Del Taco. Parking is available around the building.



Cerritos Center

Caremore Building
18000 Studebaker Road, Suite 680
Cerritos, CA 90703
Phone: 562.860.1748

From I-605 south, take the Alondra Blvd exit, turn left (east) on Alondra Blvd and right (south) on Studebaker. From I-605 North, take the South Street exit; turn left (west) on South St. and right on Studebaker. Parking is available around the building.

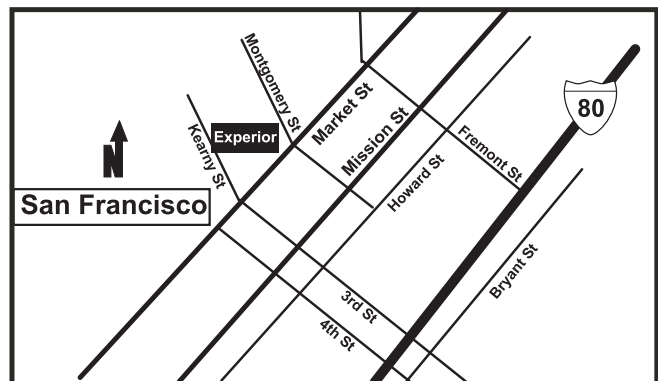


San Francisco Area Center

222 Kearny Street, Suite 603
San Francisco, CA 94108
Phone: 415.834.1357

From I-80 heading south: Take the Fremont Street exit and turn left. At the first intersection, turn left onto Howard Street. Turn right onto Third Street, which becomes Kearny Street. The testing center is on the right-hand side of the road.

From I-80 heading north: Take the Fourth Street exit toward Embarcadero. Turn a slight left onto Bryant Street, then left onto Third Street. Third Street becomes Kearny Street. The testing center is on the right-hand side of the road. Paid parking is available nearby. Please be prepared to pay for your parking. The nearest BART location is at the intersection of Montgomery Street and Market Street. The building is also accessible by MUNI.



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CALIFORNIA PHARMACY JURISPRUDENCE EXAMINATION REGISTRATION FORM

Last Name	First Name	Middle Name	Social Security Number ____-____-____
Residence Address (Street or P.O. Box)			Daytime Phone No. (including area code) ()
City		State	ZIP Code
Fax No (including area code) ()		Evening Phone No (including area code) ()	

Exam Title	Exam Fee	Total Fee Enclosed
California Pharmacy Jurisprudence Examination (CPJE)	\$40.00	\$

Fee may be paid by cashier's check, business check, money order, MasterCard or Visa. Make checks payable to Thomson Prometric. Please put your Social Security number on the check. **PERSONAL CHECKS AND/OR CASH ARE NOT ACCEPTED. ADMINISTRATION FEES ARE NOT REFUNDABLE.** Testing fees are determined by the state of California and are subject to contractual change without notice. To pay by credit card, please complete the information below. To express register and schedule, call 800.869.6603. To register by mail, send this completed form with the appropriate fee to:

Thomson Prometric
ATTN: CA PharmacyExam Registration
1260 Energy Lane
St. Paul, MN 55108

Card Type (Circle) MC Visa	Card Number	Expiration Date
Name of Cardholder (Print)		Signature of Cardholder

CALIFORNIA STATE BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N 219
SACRAMENTO, CA 95834
TELEPHONE: 916. 574-7900
www.pharmacy.ca.gov

STATE OF CALIFORNIA
NOTICE OF ELIGIBILITY
(Rev. 03/04)

You are eligible to participate in the California Pharmacy Jurisprudence Examination (CPJE). Your address label below contains important date information. In the upper left corner of the address label (above your name) is the date your application for examination was approved; following that is the date by which you must take your examination. You must take your examination by the date specified on the label, or you will need to reapply (see *Expiration of Examination Eligibility* on Page 2 of this handbook). Note: Your name below must match exactly the two required forms of identification you must bring to the testing site. For example, Pamela Sue Martinez is NOT the same as Pamela S. Martinez. If not, see Page 3.

This handbook is designed to provide you with information regarding examination procedures and content areas. To schedule your examination, please refer to the instructions in this handbook. **You are responsible for calling the toll-free number listed under the *Scheduling the CPJE* portion of this handbook on Page 2 to schedule your examination date, time and location.** Schedule your examination early to get your preferred test center location and date, preferably within 90 calendar days of your eligibility date.

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